

SELF-SERVICE CENTER

INSTRUCTIONS: HOW TO FILL OUT THE ANNUAL REPORT OF GUARDIAN

YOU MAY USE THIS PACKET if you have been appointed as the Guardian for a minor, and it has been a year since your appointment. You must complete this form every year you are the Guardian for the Minor on or before the anniversary date of your appointment as Guardian.

TOP OF PAGE: Fill in the information requested about you, the Guardian, at the top, left corner of the form, and then the case caption information (name of the Minor and the case number). Next, write in the date this report is due, which should be the anniversary date of when you were first appointed, and finally, write in the beginning and ending dates of the time period for which you are filing this report, which would generally be from the day after the previous year's anniversary date to the due date (this year's anniversary date). Next, match the numbered instruction to the numbered line on the form.

1. Write in the information requested about the Minor.
2. Describe where the Minor lives (not the address). Things to include would be:
 - Whether a private home, a boarding home or school;
 - How many people live in the Minor's room;
 - Who looks after the Minor; **AND**
 - The name of the person in charge; or
 - The name of the place where the Minor lives;
 - The address, and the telephone number.
3. Write in the information requested about the Minor's current doctor.
4. Provide the information requested about the Minor's physical and mental health. Make sure you attach a current copy of the doctor's report about the Minor's current physical and mental health,
5. Provide the Information requested about the Minor's Education: name of school, etc.
6. Answer the questions regarding how many times you saw the Minor over the past year and when you last saw him or her. If the Minor lives with you, you may simply state "Lives with me" and "Every day" or "Nearly every day" or whatever is true for your situation.

Then tell the Judge/Commissioner whether or not you think the guardianship should continue and the reasons it should or should not continue.
7. Write in the name, address, and telephone number of the person responsible for the Minor's assets. If the Minor does not have any assets, then write in N/A for "not applicable".
8. **IF the** Minor receives any state, county, or federal agency services, write in the name of the agency contact and describe the services received by the Minor. If the Minor does not receive any services, write in N/A for "not applicable".
9. **Signature:** Make sure you date the document, print **and sign** your name.
- 10: **MAILING AFFIDAVIT.** Write the names and addresses of the people to whom you mailed a **copy** of the ANNUAL REPORT and the date you mailed them.
- 11: Then **sign your name** (again) to show that you mailed the document.

NEXT: Follow the instructions in the document titled: **Procedures: How to File the Annual Report of Guardian.** Be sure to include the "**Fee Statement**", if any, with your "**Annual Report**".

Your Name: _____
Your Address: _____
Your City, State and Zip Code: _____
Your Telephone Number(s): _____ / _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of

Case Number JG _____

A Minor

ANNUAL REPORT OF GUARDIAN

PERIOD FROM _____ - _____ - _____ TO _____ - _____ - _____

MO DAY YR MO DAY YR

DUE _____ - _____ - _____

MO DAY YR

Instructions to Guardian: Arizona law (A.R.S. 14-5315) requires every guardian of a minor to advise the Court each year regarding the Minor. Please complete this report each year on the anniversary date of your appointment as guardian. When complete, mail the report to: Clerk of Superior Court, Juvenile Court Administration, 3131 W. Durango St., Phoenix, Arizona 85009, or 1810 S. Lewis St., Mesa, Arizona 85210. You must also mail a copy of the report to anyone else who has appeared in the case. You must mail a copy to the Minor, if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it. (If necessary, additional pages may be attached.)

I am the Guardian and make these statements:

1. Information about the Minor.

Minor's Name: _____
Street Address: _____
City, State, Zip Code _____
Telephone: _____ Date of Birth: _____
(month, day, year)

2. Information about where the Minor lives.

A. Describe the residential situation where the Minor lives (private home, boarding school, etc.)

B. Provide the information requested below about the home or facility.

Name of Person in Charge or Facility: _____
Name of Facility: _____
Street Address _____
City, State, Zip Code: _____
Telephone Number(s): _____

3. Information about the Minor's Doctor.

Minor's Current Doctor (Name): _____

Doctor's Address: _____

Doctor's Telephone Number: _____

4. Information about the Minor's physical and mental health.

A. Date the Minor was last seen by a doctor: _____

B. Changes in Minor's health. Have there been any major changes in the Minor's physical and/or mental condition in the last year? If so, please describe the change. _____

C. Attach a copy of the doctor's report about the Minor's current physical and mental condition.

5. Information about the Minor's Education.

a. Name of School District: _____

b. Name/Address of School: _____

c. Last Grade Completed: _____

d. Describe Minor's School Experience (grades, relationships, behavior): _____

6. Information about the Guardianship.

Number of times the Guardian has seen the Minor in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.)

7. Information about the person responsible for managing the Minor's assets:

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number(s): _____

8. **Information about State, County or Federal Agency Services:** Does the Minor receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Minor. _____

9. DATED: _____

Print Guardian's Name

Signature of Guardian

10. **AFFIDAVIT OF MAILING: Under penalty of perjury,** I state to the Court that I have mailed or will mail this **Annual Report of Guardian** to the following people at the following address(es) on this date:

(Month/Day/Year)

- Name: _____
Address: _____

City State, Zip Code: _____

- Name: _____
Address: _____

City State, Zip Code: _____

- Name: _____
Address: _____

City State, Zip Code: _____

- Name: _____
Address: _____

City State, Zip Code: _____

Signature of Person Mailing Document